



CLERK, BOARD OF SUPERVISORS ASSESSMENT APPEALS BOARD WAIVER AGREEMENT

Owner's Name: _____

Parcel/Assessee's Account No(s): _____

Agent or Attorney Name (if applicable): _____

Name of Agency (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Assessment Appeal Number(s): _____

Hearing Date (if applicable): _____

The provisions of Revenue & Taxation Code Section 1604(c) provide that the Assessment Appeals Board should hear evidence and make a final determination on an application for reduction of assessment of property within two (2) years of the timely filing of the application, unless the taxpayer and the appeals board mutually agree in writing to an extension of time for the hearing.

If you are in agreement to an extension of time for the hearing on your Application(s) as referenced above, pursuant to the provisions of said Section 1604(c), please indicate your consent below and return this form.

Please note that continuances are granted for a good cause such as an unforeseen occurrence. The request must be submitted to our office 21 days prior to the hearing accompanied by a signed copy of the form by signing below and faxing it to (510) 208-9660 or email to assessmentappealsboard@acgov.org.

If a continuance is granted and you are participating in an "Exchange of Information" with the Assessor's Office, it does NOT extend the time requirement required to exchange documents.

This waiver shall extend and toll indefinitely the two-year period subject to the right of the Board to reschedule the matter upon reasonable prior notice to the applicant.

This waiver may be cancelled by the applicant by delivering a written notice of termination to the county board at the address shown above. Upon receipt of a cancellation notice, the county board shall hear and decide the above-referenced application within 120 days from the date the termination notice was received or within 120 days from the expiration of the original two-year period, whichever is later.

I HEREBY AGREE TO EXTEND AND TOLL INDEFINITELY THE TIME FOR THE HEARING ON THE AFORESTATED APPLICATION NO(S) BEYOND THE TWO-YEAR PERIOD OF MY TIMELY FILING.

Request submitted to the Clerk of the Board's Office: 1st Waiver Request 2nd Waiver Request

Print First/Last Name and Title: _____

Signature: _____

Date: _____

----- *For Clerk's Office Only* -----

Approved by Assessment Appeals Board No. _____ **on** _____
(Hearing Date)

Britney Davis, Clerk of the Board

By: _____
(Deputy)

Date: _____